

FENWICK & WEST LLP

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FAX Transmission

Two Palo Alto Square, Palo Alto, CA 94308

DATE: June 25, 1999**ACCOUNT #:** 18235-03369**FROM:** Arnold M. de Guzman

(650) 858-7986 Direct Dial

(650) 494-0600 General

(650) 494-1417 Fax

TO: Examiner Nguyen**COMPANY:** United States Patent and Trademark Office**FAX NO.:** 1 (703) 308-6606**ORIGINAL:** n/a**NUMBER OF PAGES:** (Including cover sheet)**Re: U.S. Patent Application Serial No.: 08/619,203*****Message:*****Dear Examiner Nguyen,**

Please find attached, a proposed Amendment for the above-referenced application for our discussion on June 25, 1999.

Thank you**Arnold M. de Guzman**

IF YOU DO NOT RECEIVE THE CORRECT NUMBER OF PAGES, OR IF THEY ARE NOT CLEAR, PLEASE CALL MY ASSISTANT, TANYA TOBERMAN AT (650) 494-0600, EXT. 7907. The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above or their designee. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service.

Thank you.

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AF/GP-2774

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PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	08/619,203	
		Filing Date	March 21, 1996	
		First Named Inventor	David Keene	
		Group Art Unit Number	2774	
		Examiner Name	Francis Nguyen	
Total Number of Pages in This Submission		27	Attorney Docket Number	3369 US

RECEIVED

JUN 30 1999

Group 2700

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & PTO-1595	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input checked="" type="checkbox"/> Authorization to Charge Deposit Account No.: 19-2555 (on Fee Transmittal Form)
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input checked="" type="checkbox"/> Certification of Express Mailing: EL159183258US
<input checked="" type="checkbox"/> Amendment/Response: 24 Page(s) <input checked="" type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Power of Attorney	<input type="checkbox"/>

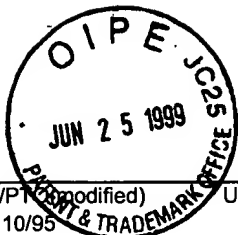
REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	Arnold M. de Guzman, Reg. No. 39,955	Dated:	June 25, 1999

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Arnold M. de Guzman	Dated:	June 25, 1999
Express Mail Mailing Number (optional):	EL159183258US		



PTO/SB/17 (6-95)(modified)
Approved for use through 11/30/96, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/P (modified)
Rev. 10/95 U.S. Department of Commerce
Patent and Trademark Office

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$0.00)**

Complete if Known	
Application Number	08/619,203
Filing Date	March 21, 1996
First Named Inventor	David Keene
Group Art Unit	2774
Examiner Name	Francis Nguyen
Attorney Docket Number	3369 US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 or credit any over payments to the below mentioned deposit account.¹
- ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.

Deposit Account Number: 19-2555
Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:
☒ Check ☐ Other

FEE CALCULATION (fees effective 10/01/97)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$760	201/\$380	Utility Filing	<input type="text"/>
106/\$310	206/\$155	Design Filing	<input type="text"/>
108/\$760	208/\$380	Reissue Filing	<input type="text"/>
114/\$150	214/\$75	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$0.00)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$78	202/\$39	Independent claims in excess of 3
104/\$260	204/\$130	Multiple dependent claim
109/\$78	209/\$39	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

¹ Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="text"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
115/\$110	215/\$55	Extension for response within first month [†]	<input type="text"/>
116/\$380	216/\$190	Extension for response within second month [†]	<input type="text"/>
117/\$870	217/\$435	Extension for response within third month [†]	<input type="text"/>
118/\$1,360	218/\$680	Extension for response within fourth month [†]	<input type="text"/>
128/\$1,850	228/\$925	Extension for response within fifth month [†]	<input type="text"/>
119/\$300	219/\$150	Notice of Appeal	<input type="text"/>
141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application	<input type="text"/>
142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)	<input type="text"/>
143/\$430	243/\$215	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
126/\$240	126/\$240	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146/\$760	246/\$380	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
149/\$760	249/\$380	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
Other fee (specify):		<input type="text"/>	<input type="text"/>
Other fee (specify):		<input type="text"/>	<input type="text"/>
SUBTOTAL (3)			(\$0.00)

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due	
For	No. of Existing Claims		Highest No. Previously Paid For	=	Extra**			
TOTAL	22	minus*	20 or 22	=	0	x	=	0
INDEP	2	minus*	3 or 2	=	0	x	=	0
[] First presentation of multiple dependent claim								=

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$0.00)**

SUBMITTED BY

Typed or Printed Name **Arnold M. de Guzman**

Signature

Complete (if applicable)

Reg. Number **39,955**

Date **June 25, 1999**